

February 5, 2007

Testimony House Joint Resolution #18

EXHIBIT

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Request Interim Committee to study options for addressing and reducing health care and social costs of Chronic Obstructive Pulmonary Disease and Asthma in Montana

2-5-07  
HJR 18

*MR*  
Madam Chair,

I am Dick Paulsen, the Executive Director for the American Lung Association of the Northern Rockies.

I want to thank Representative Cohenour for bringing this important resolution forward so that we in Montana can begin to understand and deal with the health costs and consequences of two of the most important diseases that affect Montanans and get fairly little attention related to funding and programs as is done in other states in the U.S.

I want to acknowledge the work of DPHHS in the area of asthma and enjoy working with their asthma coordinator, who shares that responsibility with other health and school issues. However, I think it is wise and good that we in Montana understand that there is a lot more we can and must do.

As stated in the resolution, asthma is one of the primary, if not THE primary chronic disease among our children and is the greatest cause of missed school days. It affects the children, the schools, the medical community and the families. It is also a very complex disease that creates complexities for treatment and management, which can be overcome with education, medical intervention and proper use of those medicines.

Its symptoms often mimic other diseases.

A key to management is the proper diagnosis and treatment with each person having a written asthma management plan developed by their doctor. That needs to become a standard all across Montana.

Looking at Montana hospital data (attached), in 2003 nearly 1/2 of hospital admissions related to asthma in children come through the Emergency Room.

For adults with asthma, nearly 2/3 of all hospital admissions come through the E.R.

Both of these are examples of asthma that is not under control and very likely could have been and the hospital admission avoided.

This is one of those things that I believe we need to look at to understand what is the financial burden this disease – along with COPD – and what are the costs to the Montana tax payer and state budgets.

### About COPD

COPD (Chronic Obstructive Pulmonary Disease) is an umbrella term used to describe lung disease associated with airflow obstruction. Most generally, emphysema, and chronic bronchitis, either alone or combined, fall into this category.

It is the 4<sup>th</sup> leading cause of death in the United States behind heart, cancer and cardio vascular disease.

I have a good friend who died of COPD last month at the age of 57 and I promised the family I would think about him each day as we work to help others.

It's the only major disease with an increasing death rate.

The total estimated cost of COPD in 2002 in the U.S. was \$32.1 billion.

Factors that lead to a longer and healthier life for those diagnosed with COPD include:

- Early Detection
- Stop smoking
- A physician who is knowledgeable about COPD and is proactive in disease management.
- Patients following their treatment regimens faithfully
- Healthy eating habits
- Education about the disease and related problems
- Preventing infections and limit exacerbations that lead to further lung damage.

COPD is preventable and treatable. It is not fully reversible and usually progresses.

There is no cure for COPD.

The American Lung Association's position on COPD includes there is a lack of awareness of COPD and its diagnosis and treatment among primary care physicians.

Effective pharmacological treatment combined with pulmonary rehabilitation can improve and prevent symptoms, reduce the frequency and severity of exacerbations, reduce hospitalizations, improve health status and improve the ability to exercise.

Other states have a combination COPD coalition, action plans and a COPD program within the state health department that works closely with the American Lung Association. In Montana we have none of the above.

In closing, I want to again thank Representative Cohenour for allowing us to learn more about COPD and asthma.

There are also additional witnesses today that can talk about the medical and personal issues related to these two diseases that need much more attention.

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